

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS286AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER MARGARET ROSE RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 S 14TH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the state licensure and complaint survey conducted at your facility on September 24, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 88 total beds.</p> <p>The facility had the following category of classified beds: Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons with mental illnesses.</p> <p>Residential facility which provides care to elderly or disabled persons.</p> <p>The census at the time of the survey was 43. Twenty resident files were reviewed and seventeen employee files were reviewed.</p> <p>There were eight complaints investigated during the survey: #15089 Unsubstantiated #15646 Unsubstantiated #16684 Unsubstantiated #17120 Unsubstantiated #17325 Unsubstantiated #17639 Unsubstantiated #18731 Substantiated without a deficiency #18830 Unsubstantiated</p> <p>The findings and conclusions of any investigation</p>	Y 000	<p><i>POC</i></p> <p><i>Acceptable</i></p> <p><i>1-6-09</i></p> <p><i>J. Lane</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Adrian* TITLE *12/30/08* (X6) DATE

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Y 000	Continued From page 1 by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 251	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation, the facility failed to maintain the kitchen refrigerator at 40 degrees Fahrenheit or less. Findings include: On 09/24/08 in the morning, the exterior temperature gauge of the 3-door, free-standing stainless steel kitchen refrigerator indicated 42.3 degrees Fahrenheit inside. Two pocket thermometers indicated 41 degrees Fahrenheit inside separate refrigerator compartments approximately 30 minutes after placement. Severity: 2 Scope: 3	Y 251	Y 251 In accordance with NAC 449.21 a) All foods stored in refrigerator were disposed of and refrigerator has since been repaired. b) A log of the daily temperature is kept posted outside of the refrigerator to maintain regulation at 40 degrees Fahrenheit. c) The temperature is now monitored by a hanging thermometer kept inside the refrigerator.	09/30/08

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Y 871	Continued From page 2	Y 871		
Y 871	449.2748(1)(a)(2) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (2) Provides a written report of that review to the administrator of the facility. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to have the resident's medication reviewed by a physician, pharmacist or registered nurse at least once every 6 months for 5 of 15 residents (#5, #6, #10, #13, #14). Findings include: Resident #5 (admit date 3-29-05) had documented evidence of one medication review dated 6-27-08. The chart lacked documented evidence of another medication review in the past year. Resident #6 (admit date 6-20-03) had documented evidence of one medication review dated 6-1-08. The chart lacked documented evidence of another medication review in the past year. Resident #10 (admit date 4-12-07) had documented evidence of one medication review	Y 871	Y 871 In accordance with NAC 449.2748 a) Past review files will be placed in resident charts and medication review binder for future reference	01/30/09

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Y 871	Continued From page 3 dated 6-1-08. The chart lacked documented evidence of another medication review in the past year. Resident #13 (admit date 3-30-07) had documented evidence of one medication review dated 11-28-07. The chart lacked documented evidence of another medication review in the past year. Resident #14 (admit date 10-8-03) had documented evidence of one medication review dated 6-1-08. The chart lacked documented evidence of another medication review in the past year. Severity: 2 Scope: 1	Y 871		
YA280	449.2175(10)(a-d) Dietary Consultant and Serv NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	YA280		

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YA280	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to keep written records of quarterly dietary consultations on file.</p> <p>Findings include:</p> <p>Interview</p> <p>On 09/24/08 after 4:00 PM, the administrator indicated dietary consults were kept at another facility. The administrator claimed all dietary records were stored at another facility. The administrator did not know dietary consults were unique for each facility and training, advice, and observations to ensure compliance were to be completed at each facility with documentation at each facility. The administrator indicated the dietitian was at another facility and was unavailable for an interview.</p> <p>Record Review</p> <p>Record review revealed a dietitian contract and registered dietitian but failed to produce documented quarterly consultations. The contract, dated 10/21/07 and binding for 12 months, indicated the dietitian would consult four hours monthly to ensure compliance with Nevada Administrative Code 449, including in-services, observations, and inspections of food handling and preparation on a monthly basis. The registered dietitian's name was not the same as the contracted dietitian's name.</p> <p>Severity: 2 Scope: 3</p>	YA280	<p>YA280 In accordance with NAC 449.2175</p> <p>a) A new consultant dietician for Margaret Rose is being contracted for development and review of weekly menus; training employees who work in the kitchen; and any advice or observations regarding compliance with nutritional program.</p> <p>b) Dietary Contract and written documentation will be kept on site and filed at Margaret Rose.</p>	02/28/09

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